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Jan 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767031** (8)

1. Corporation Name

**MEN'S OPERA GUILD, INC.**

Principal Place of Business

Mailing Address

1800 NE 114TH ST., #403 (33181)  
N. MIAMI FL 33261

P O BOX 612302  
N MIAMI FL 33261  
US

3. Date Incorporated or Qualified

02/15/1983

4. FEI Number

59-2302058

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADLER, CHARLES S.  
1800 N.E. 114 ST., #403  
N MIAMI FL 33181

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OREMLAND, BENJAMIN	
STREET ADDRESS	9801 COLLINS AVE #10S	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, WILLIAM	
STREET ADDRESS	10155 COLLINS AVE., #1009	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORGAN, MICHAEL	
STREET ADDRESS	401 SUNSET DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARISH, JEROME	
STREET ADDRESS	3545 N.E. 166TH ST., #304	
CITY-ST-ZIP	N.MIAMI BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ADLER, CHARLES	
STREET ADDRESS	1800 NE 114TH ST., #403	
CITY-ST-ZIP	N.MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Chairman of Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Meyers	
1.3 STREET ADDRESS	10155 Collins Ave. #1009	
1.4 CITY-ST-ZIP	Bal Harbour, FL 33154	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Daniel Masciotti	
2.3 STREET ADDRESS	11901 N. W. 21st St.	
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33026	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles S. Adler, Treasurer

1/16/98

305-891-1714

CR2E037 (10/97)